

**LEON COUNTY, FLORIDA
TRAVEL REQUEST FORM**

Attachment # 1
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Traveler's Name: Cliff Thael Traveler's Title: Commissioner
 Department Name: BOCC Division Name: _____
 Destination: St. Augustine, Florida
 Purpose of Trip: To Attend Florida Association of Counties Board of Directors Meeting and Florida Counties Foundation Training
 Departure Date: 23-Sep-03 Time: 7:00 a.m.
 Return Date: 26-Sep-03 Time: 6:00 p.m.

ITEM	ESTIMATED EXPENSES
Lodging	\$402.00
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	\$9.00
Lunch \$6	\$18.00
Dinner \$12	\$36.00
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	\$
Common Carrier (e.g, Air, Plane, Bus)	
Rental Car - rental fee	\$
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	388
Travel miles times \$.29 per mile	\$112.52
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	
Vicinity miles times \$.29 per mile	\$
Registration	\$105.00
Miscellaneous Expenses:	
Limousine/Taxi Fares	
Public Transportation	
Parking	\$24.00
Communications -- (only calls/faxes for county related business may be reimbursed)	\$25.00
Other Miscellaneous Allowed by Policy	\$
TOTAL ESTIMATED EXPENSES	\$731.52

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Account Number(s) to be Charged for Trip:

Account Number:	Amount:
001-107-54000-511	\$731.52

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The

Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Check One:	
					Mail	Pickup

APPROVAL SIGNATURES

Traveler: B. J. Thell

Date: 9/5/03

Supervisor/Division Director: _____

Date: _____

Department Director: _____

Date: _____

County Administrator: _____

Date: _____